WYOMING WORKERS' SAFETY AND COMPENSATION
PREAUTHORIZATION
REFERENCE SHOULDER TESTS

Apley's Scratch Test

Patient places the hand of the involved extremity in front of their upper chest on the opposite anterior shoulder. This test is usually normal with the hand behind and over the head, touching the spine of the contralateral scapula. When the patient attempts to place their arm behind the low back, reaching to touch the inferior angle of the contralateral scapular (internal rotation, extension, and adduction), there is significant pain and restriction.

Apprehension Test

The patient lies supine and the examiner brings the arm into 90º of abduction, elbow flexion and external rotation. The arm is externally rotated while the examiner watches the reaction of the patient. A positive test result is achieved if the patient has a look of apprehension or alarm on their face and state that they feel that the shoulder will dislocate if it is pushed any further. The examiner is also trying to assess the feel of the mobility of the GH joint for any obvious laxity (looseness) compared with the other side. Care must be taken to perform this test slowly as it can sublux the humeral head in very lax patients.

Cross Adduction Test

The arm is brought to 90º of forward flexion and then passively brought across the front of the body. A positive test is if pain is elicited at the anterior shoulder, indicating a possible subcoracoid bursitis or labral/capsular tear.

Drop Arm Test

Also a test for rotator cuff tears (especially the supraspinatus), the examiner abducts the arm to about 90º and then has the patient slowly lower the arm to their side. A positive test is if the patient is unable to lower arm or is able to do so with considerable pain and shoulder hiking. Another possible result is if they are unable to actively lower the arm but they are able to hold it at shoulder height, the practitioner can give a light tap on the wrist and the arm will fall.

Impingement Injection Test

Injection of lidocaine into the subacromial space will relieve the pain in Stage I and II of rotator cuff syndrome and allow resumption of shoulder function. Candidates for this test are patients with a positive impingement sign.

Impingement Sign

The arm is forward flexed to 90º passively, the proximal humerus is internally rotated with the elbow bent and a positive sign is if the patient complains of reproducible pain at the subacromial space. An alternative method is to forward flex the arm to its overhead end-range and then forcibly put over pressure to the arm trying to "jam" the greater tuberosity into the acromion.

Neer Test

Neer impingement sign is performed when the examiner stabilizes the scapula with one hand and with the other grasps the patient's elbow and passively elevates it fully with the arm in full internal rotation. Pain is produced by the greater tuberosity impinging the rotator cuff against the acromium.

Relocation Test

Immediately following the Apprehension Test and any positive results, if an anterior force is applied on the posterior aspect of the humeral head, this translation increases the pain. If a posterior force is applied in the same testing position and the patient's symptoms are reduced, this suggests that the pain is as a result of the head pressing anterior on the static stabilizers often found in subluxation.

Speed's Test/Biceps Test

The examiner resists forward flexion with the arm in supination and the elbow completely extended. Pain and/or weakness in the bicipital groove indicate a bicep strain or bicipital tendinitis.

Test for a Subluxing Biceps Tendon and Bicipital Tendinitis

The patient lies supine with the arm in extension off the end of the table and the forearm in pronation, slowly extend the arm. If this elicits pain in the bicipital groove, then this is a sign of tendonitis. Now bring the arm slightly out of extension and then externally rotate the arm with the examiner's thumb on the bicipital groove. A positive test is if the biceps tendon pops out of the groove indicating a tear of the transverse humeral ligament.